

2018 Open Enrollment Interactive Benefits Guide: Captioning Documents (Transcripts) For State Medicare-Eligible Pensioners

Important: The following document provides the captioning (scripts) of the audio presented in the online Open Enrollment Interactive Benefits Guide. To view the online guide, visit de.gov/statewidebenefits (Select the "Open Enrollment" button, then choose your group).

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Welcome

Welcome to the Open Enrollment Interactive Benefits Guide. The guide uses audio, screen interaction and navigation demos of the Statewide Benefits Office (SBO) website to help users learn about the benefits they are eligible for through the State of Delaware. The guide was created to assist you in being a wise health care consumer when selecting the benefit plans that best meet the needs of you and your family during Open Enrollment.

Navigation

In order to ease your user experience in this guide, we will first review some of the most important navigation tips. If you would like to skip this navigation information, feel free to select the Main Menu link in the Navigation Panel on the left to access the content of the guide.

Once the navigation demonstration ends, you will be able to view the Main Menu. From this Main Menu, you will need to select the group that you belong to by clicking on one of the following headers:

• Active State Employees

- State Non-Medicare Pensioners
- State Medicare Pensioners
- Participating Group Employees
- COBRA Participants

Under the header, there is a brief description of the members that belong in the group and a button to access the section of the guide that applies to members of that group. Once you have clicked the button, the "What's New" page for your selected group will appear. From this page, you can access the Menu button on the top left side of the screen. You can use this Menu button to navigate to all of the benefit information that applies to the group you selected. Notice that the header for any of the screens under the Menu button provides the name for the group that you selected.

Once you have selected an option from the Menu button, audio will begin and information will be displayed on the screen. There are several buttons that will allow you to control what you are viewing and hearing on the screen:

- If you need to, you can view the captioning for the screen that you are viewing by selecting the Closed Caption icon.
- The volume button can be used to adjust the volume of the audio or you can use the volume button for your computer or device.
- You can play or pause the information by clicking this button.
- If you want to rewind or fast forward the content, click and drag the progress bar. If you drag it to the left you can rewind the material on the screen and dragging it to the right will fast forward the material.
- If you want to restart the information for the screen that you are viewing, click this button.

Once the progress bar reaches the end for the screen you are viewing, you can learn additional information about the topic by clicking any links that appear on the screen. These links will take you to the SBO website in order to access additional information. If you choose to use the link, the website will open in a separate window - this way you can close that window when you are done browsing the website and easily return to the guide. If you do not want to use the link on the screen, you can use the Menu button to view additional information for your group.

Another helpful feature is the Resource menu. If you click Resources, you will notice a few web links that allow you to navigate to additional benefit information. There are also takeaway documents for each of the groups that provide the highlights of the information in this interactive guide.

The Navigation menu at the top of the screen can be used to quickly navigate through the course. You can simply click the link for the Main Menu or the "What's New" page for any of the groups to navigate to that page. Remember, once you are on the "What's New" page for any group, you can use the Menu button at the top of the screen to view information that is applicable to your group.

There is also a Glossary tab to the left that provides the definition for various benefit-related terms. You can access the Glossary at any time while using this guide.

When you are done viewing the information in this guide, simply close the viewing window. The link to the guide will remain on SBO's website throughout the Open Enrollment period if you ever want to view it again.

Main Menu

Benefits Open Enrollment for State Pensioners is May 7 - 25, 2018:

State Medicare Pensioners are individuals who have retired from the State of Delaware or are on long-term disability and are receiving benefits from the Pension Office and <u>are</u> receiving benefits from Medicare.

What's New

You **DO NOT** need to take any action during May 2018 Open Enrollment, unless you are enrolling or making changes to your dental and/or vision coverage or non-Medicare health coverage for your spouse/dependent. If you cover a spouse on non-Medicare health coverage you must submit an electronic Spousal Coordination of Benefits Form during May 2018 Open Enrollment. Please note the benefit plan premiums (or rates) for the dental, vision and non-Medicare health plans will not change on July 1, 2018.

There are no changes to the rates for the Special Medicfill Medicare Supplement plans on July 1, 2018. **Medicare-eligible** pensioners, spouses and dependents have an Open Enrollment each fall for their health coverage. You cannot make changes to your Special Medicfill coverage during May 2018 Open Enrollment, as you must wait until the fall to do so.

If you wish to enroll, make changes or terminate coverage for you or your spouse/dependent(s) for dental, vision or non-Medicare health benefits during May 2018 Open Enrollment, complete and submit the necessary forms to the Office of Pensions (included in the packet mailed to your home prior to Open Enrollment and also located on the Office of Pensions website at delawarepensions.com).

Enrollment Action Checklist

The Statewide Benefits Office created an Open Enrollment Action Checklist to help you navigate the Open Enrollment process and understand what to do in order to enroll or make changes to your benefit elections.

Select the button on the screen to access a PDF copy of the Enrollment Action Checklist.

Benefits – DelaWELL Health Management Program

Medicare-eligible pensioners enrolled in the State of Delaware Special Medicfill Plan have access to online wellness tools and resources available through Highmark Delaware. In addition, they have access to wellness and gym discounts.

For additional information, visit the SBO website. Select "Benefit Programs", then choose "DelaWELL Health Management."

Benefits - Dental

Delta Dental and Dominion National administer the State's dental programs. It is important to note that enrollment in these plans is a binding election. This means the contract holder cannot terminate their dental enrollment outside of Open Enrollment. The only changes permitted are to add or drop coverage for a dependent based on certain qualifying events during the plan year.

The Delta Dental PPO Plus Premier Plan allows you to see any dentist you choose and receive applicable benefits. You can choose a dentist from the Delta Dental Premier network, the Delta Dental PPO network or a dentist who does not participate with Delta Dental. However, you'll maximize your savings if you see a dentist who participates with Delta Dental. This is because dentists who participate in Delta Dental's network cannot charge you more than the allowed amount for covered services. However, non-participating dentists can bill you for an amount that is greater than the allowed amount set by Delta Dental for covered services. If a non-participating dentist charges more than the allowed amount, you are responsible for paying the difference. Delta Dental payments vary by service, based on Delta Dental's schedule of allowed amounts for its networks. Your annual reimbursement maximum is \$1,500 per plan year per participant. Additional information about the Delta Dental Plan can be found on the SBO website. Select "Benefit Programs," choose "Dental," then select "Delta Dental." On this page, you can access benefit descriptions, rates and find a provider.

The Dominion National plan provides you the choice of any participating dentist in the Select Plan network. If you choose to enroll in the Dominion National plan make sure *before* you enroll that your dentist participates in the Select Plan network by viewing the provider listing found on the Dominion National website. You cannot change plans or drop coverage during the plan year if your dentist decides to no longer participate in the plan. If your dentist decides to no longer participate in the plan, your only option is to select a different dentist from the provider listing.

The Dominion National plan provides limited costs, fixed fees and low premiums. It is important to note that you will need to pay a \$10 office visit copayment for your cleaning at the time of service. But, for each member who gets their two cleanings during the plan year and completes a survey, Dominion National will reimburse you \$20. Additional information about the Dominion National Plan can be found on the SBO website. Select "Benefit Programs," choose "Dental," then select "Dominion National." On this page, you can access benefit descriptions, rates and find a provider.

Please note: School district employees who are offered school district dental coverage are not eligible to enroll under the State's Dental Plan. Delaware Technical and Community College (DTCC) employees have the option of enrolling in both the State's dental and/or the DTCC dental plan. Employees should contact their Human Resources/Benefits Office for more information regarding their dental options.

Vision

EyeMed administers the State's vision program. EyeMed provides a network of participating providers for State of Delaware members. This network is called Insight. Members have the flexibility to use innetwork or out-of-network providers; however, choosing in-network providers will give members the best value and pay a higher amount of the cost of services covered under this benefit.

The benefits under the State of Delaware's EyeMed program include coverage for exams with dilation as necessary, frames, lenses or contact lenses and much more.

Did you know that the vision program also offers benefits for vision therapy, diabetic eye care, discounts on laser vision correction and additional savings? Members have the opportunity to apply their contact lens benefits at ContactsDirect.com. Members can also apply their in-network vision benefits at Glasses.com.

The State's vision program also offers discounts on hearing exams, hearing aids, free batteries for two years with initial purchase and a three year warranty.

The vision enrollment is a binding election. This means the contract holder cannot terminate their vision enrollment outside of Open Enrollment. The only changes permitted are to add or drop coverage for a dependent based on certain qualifying events during the plan year. All the information you need to know about the Vision plan, including benefit descriptions, rates and discounts, is located on the SBO website. Select "Benefit Programs," then choose "Vision."

Benefits – Blood Bank

Blood Bank of Delmarva is a 501(c)3 non-profit, community service program that provides blood and blood products for hospitals in the Delmarva region. More than 350 blood donors are needed every day to meet the needs of patients at those hospitals.

Each year, in our community, over 20,000 patients need blood or a blood product. By joining Blood Bank of Delmarva's Members for Life program, you are showing your support for this valuable community service and helping to ensure a stable blood supply for everyone in our community. Also, each time you give, you not only save lives, but you earn rewards and benefits.

Joining is easy! Donate blood at least once a year and allow the Blood Bank to contact you when there is a need for your blood type.

Individuals interested in participating in Members for Life can view information about the program, including contact information and benefit descriptions, on the SBO website. Select "Benefit Programs," then choose "Blood Bank."

Coordination of Benefits – Spousal

The Spousal Coordination of Benefits Policy states that generally, if your spouse is employed full-time or retired from another employer that offers health insurance and is responsible for 50 percent or less of the monthly premium for the lowest health benefit plan available, he or she is required to enroll through his or her employer's coverage as primary. When a benefit-eligible State of Delaware employee is married to a benefit-eligible Participating Group Employee, both members must enroll in separate coverage with his or her own employer. Neither member can be enrolled in more than one State Group Health Insurance Plan*.

If you cover your spouse in one of the State of Delaware's Group Health Insurance medical plans, you MUST complete a Spousal Coordination of Benefits form upon initial enrollment, each year during your Open Enrollment period and anytime your spouse's employment or insurance status changes. If an employee and spouse are both benefit-eligible State of Delaware employees or non-Medicare pensioners, the spouse who carries the benefits MUST complete a new Spousal Coordination of Benefits form each year during Open Enrollment. When completing the form, make sure to indicate in the Spouse Information section that your spouse is either a benefit-eligible State of Delaware employee or if a pensioner, that your spouse retired from the State of Delaware. If you are a pensioner and cover a spouse in the Highmark Delaware Special Medicfill Medicare Supplement plan, you DO NOT need to complete a Spousal Coordination of Benefits Form, UNLESS your spouse's employment or retiree health insurance status has changed since the last time you completed a form.

The Spousal Coordination of Benefits Form is used to determine a spouse's eligibility to receive primary coverage in a State of Delaware Group Health Insurance plan and to certify if the spouse has other health care coverage available through his or her employer or former employer. You will be contacted if

additional documentation regarding your spouse's available coverage is required. Failure to complete the Spousal Coordination of Benefits Form or provide additional documentation when required, will result in a reduction of spousal benefits.

Information about the Spousal Coordination of Benefits Policy can be found on the SBO website. Select "Coordination of Benefits," then choose "Spousal." Here you will find:

- The Spousal Coordination of Benefits Policy
- Information on accessing the Spousal Coordination of Benefits Electronic Form
- A chart with examples to help determine when a spouse should be enrolled in their own employer's health plan
- Important information if your spouse's employer offers a High Deductible Health Plan with a Health Savings Account

Coordination of Benefits – Dependent

The Dependent Coordination of Benefits Policy states Active State of Delaware employees, Participating Group employees and State pensioners enrolled in a health care plan under the State Group Health Insurance Program (GHIP), may cover their dependent children to age 26 in their State health care plan, dental plan and/or vision plan with no restriction on marital, employment, student, resident or tax status. Pursuant to the Group Health Insurance Program Eligibility and Enrollment Rules, an employee's children are defined as sons, daughters, stepchildren and adopted children.

The Dependent Coordination of Benefits Form is required in accordance with the Group Health Insurance Program Eligibility and Enrollment Rules. Dependent Coordination of Benefits forms must be completed for each enrolled dependent regardless of age, upon:

- Enrollment in other health coverage,
- Any time other health coverage changes, or
- Upon request by the Statewide Benefits Office, Highmark Delaware or Aetna.

The Dependent Coordination of Benefits Form only needs to be completed for dependent children - not spouses. And, it does not need to be completed if your child only has coverage through the State GHIP.

Information about the Dependent Coordination of Benefits Policy can be found on the SBO website. Select "Coordination of Benefits," then choose "Dependent Child." Here you will find the Dependent Coordination of Benefits Policy and FAQs, the Dependent Coordination of Benefits Form for each carrier, and a helpful chart with examples showing which plan is primary (pays first) when a dependent child has more than one health care coverage.

Medicare Eligibility

The State of Delaware Group Health Insurance Program (GHIP) Eligibility and Enrollment Rules require members covered under a State of Delaware health plan to follow certain obligations with regards to Medicare Part A and B enrollment in order to be eligible for health coverage through the State of Delaware based on employment status, age and/or disability.

There are two primary ways to get Medicare coverage - traditional coverage (Part A and B) and Medicare Advantage (Part C). Individuals who enroll in traditional Medicare coverage can purchase

additional coverage like Medicare supplement coverage (Medigap) or Medicare prescription coverage (Part D).

Medicare Part A covers inpatient hospital stays and Medicare Part B covers doctor's visits, outpatient services, tests and preventive services. Other Medicare coverage which is becoming more common are Medicare Advantage plans, sometimes referred to as Part C or MA plans, which provide all in one coverage (includes both A and B and most include Part D prescription drug coverage). The State of Delaware DOES NOT offer any Medicare Advantage (Part C) plans and ONLY offers Medicare supplement medical coverage, known as Medigap, along with Medicare Part D prescription drug coverage ONLY to eligible pensioners and spouses who do not have access to active employer coverage. Please note: The State of Delaware Medicare supplement medical coverage DOES NOT coordinate with other Medicare Advantage plans; therefore, a State of Delaware pensioner or spouse cannot be enrolled in the State's Medicare Supplement plan and also enrolled in a Medicare Advantage plan available to the pensioner or spouse by a former employer other than the State of Delaware.

For a State of Delaware pensioner or spouse who is enrolled in a State of Delaware non-Medicare GHIP plan and turns age 65 years old and is eligible for Medicare, enrollment in Medicare Part A is required. Enrollment in Medicare Part B, which carries a monthly premium, is also required if the pensioner or spouse is no longer employed full-time and eligible for active employer health coverage. Medicare rules require that active employer coverage, when available, is always the primary payer over Medicare except in special circumstances where special enrollment rules apply. Special enrollment rules apply to non-Medicare pensioners or spouses who are diagnosed with End-Stage Renal Disease (ESRD-Kidney disease) or Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's disease. The State of Delaware pensioner and spouse are responsible for providing a copy of their Medicare Identification Cards to the Office of Pensions, and if also enrolled in coverage through another employer health plan, to the other employer's Human Resources/Benefits Office. Additional information including special enrollment rules can be obtained from the Social Security Administration Office at 1-800-722-1213 or www.ssa.gov or on Medicare's website at www.medicare.gov.

Policies

Important policies and procedures are located on the SBO website. Select the "Policies & Procedures" button.

Here you will find information on:

- Double State Share
- Spousal & Dependent Child Coordination of Benefits
- Qualifying Events
- And more...

If you have questions about the policies and procedures, please contact the Statewide Benefits Office at 1-800-489-8933 or benefits@state.de.us from 8:00 a.m. to 4:30 p.m. Monday through Friday.

Notices

Health care coverage notices and other important information are located on the SBO website. Select "Policies & Procedures," then choose "Group Health Insurance Program (GHIP) Notices."

These notices relate to the State of Delaware Group Health Insurance Program (also known as the GHIP) and are effective as of the date shown.

Questions regarding these notices can be addressed to the Statewide Benefits Office at 1-800-489-8933 from 8:00 a.m. to 4:30 p.m. Monday through Friday or at benefits@state.de.us or questions may be directed to the additional contacts identified in the various notices.

Health Fairs

Please plan to attend the health fairs if you are enrolled or are eligible to enroll in the State of Delaware Group Health Insurance Program (also known as the GHIP). Spouses and dependents who are enrolled or eligible to enroll in the GHIP are welcome to attend the health fairs.

The health fairs provide an opportunity for benefit-eligible individuals to explore the benefit vendor booths and learn more about their benefit options available through the State of Delaware. No registration is required.

Statewide Benefits Office Health Fairs are scheduled as follows:

NEW CASTLE COUNTY

Tuesday, May 8, 2018

Delaware Technical Community College (Stanton Campus) 400 Stanton-Christiana Road, Newark, DE 19713 Conference Rooms A114 & A116

Time: 11am-6pm

Tuesday, May 15, 2018

Carvel State Office Building 820 N. French Street, Wilmington, DE 19801 2nd Floor Mezzanine

Time: 10am-2pm

KENT COUNTY

Tuesday, May 1, 2018

Delaware State University 1200 N. DuPont Highway, Dover, DE 19901 Martin Luther King Jr. Student Center Parlors B & C (2nd Floor)

Time: 11am - 6pm

Monday, May 14, 2018

Duncan Center 500 W. Loockerman Street Dover, DE 19904 5th Floor - Outlook Conference Center Time: 11am - 6pm

mile: 11am opin

SUSSEX COUNTY

Wednesday, May 9, 2018

Delaware Technical Community College (Owens Campus) 21179 College Drive Georgetown, DE 19947 William A. Carter Partnership Center Rooms 540 A-H

Time: 10am-2pm